

OFFICE USE ONLY

Licensing specialist: \_\_\_\_\_

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING (OCCL)

**LARGE FAMILY CHILD CARE HOME  
RELOCATION LICENSE APPLICATION**

**Please print  
all responses.**

Date received: \_\_\_\_\_

License expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License number: \_\_\_\_\_

**SECTION A – Identification**

Doing business as/facility name: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Alias, maiden, or married names this person has used: \_\_\_\_\_

Location address: \_\_\_\_\_  
(street) (city) (county) (state) (zip)

Applicant cell phone #: \_\_\_\_\_ Location phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Entity Information**

The “entity” is the LLC or corporation that is responsible for and has authority over the operation of the facility. If there is no entity, check “individual” and skip the related information. For large family homes, the entity is usually an individual or an LLC.

Entity name: \_\_\_\_\_ Entity type: ☐ Individual ☐ Corporation  
☐ Limited liability company (LLC)

Entity address: \_\_\_\_\_  
(street) (city) (state) (zip)

1. If entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Submit one: ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

**CHU contact**

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment or to reside at a licensed child care facility.

CHU contact name: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION B – Staff Member(s) and Substitute(s)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender

**SECTION C – Household Member(s), if care will be provided in the applicant’s home  
(other than the applicant, anyone staying in the home for more than 30 days within a year)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender

## SECTION D – Facility Information

Check all that apply, for the licensed address:

- ☐ Own commercial building/house/mobile home (circle type)  
☐ Rent commercial building/house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required. ☐ submitted ☐ home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. ☐ submitted ☐ no well used

Completed Emergency Plan for Large Family Child Care Homes template is required. ☐ submitted

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.

## SECTION E – Program Information

### Hours of operation

\_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. or a.m. (circle one) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

### Days of operation

### Months of operation

☐ January to December

☐ August to June

☐ \_\_\_\_\_ to \_\_\_\_\_

### Ages of children accepted

(Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

**Example: From 6 weeks to 12 years**

From \_\_\_\_\_ to \_\_\_\_\_

## SECTION F – Certification and Signature

- I understand child care services cannot be provided at this new address until a license has been issued by OCCL to operate a large family child care home.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I understand fire marshal and electrical inspections are needed at this new address prior to being issued a license.
- The Office of Child Care Licensing will conduct a pre-licensing visit to ensure compliance with *DELACARE: Regulations for Family and Large Family Child Care Homes* prior to issuing a license at the new address.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

\_\_\_\_\_  
Signature of applicant from page 1

\_\_\_\_\_  
Date

STATE OF DELAWARE            )  
  : SS  
COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_.

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Print name

(seal)